

National Institutes of Health  <b>NIH Visiting Program Acceptance Notice</b>	Date
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Name of Visitor (*Family, first, middle*)

Start Date (*Month, day, year*) (*To be completed by FIC staff upon arrival*)

Name of Sponsoring ICD

This notice of date of reporting serves as my acceptance of a Public Health Service Award under the terms of the Letter of Award/Appointment and under the following two agreements:

1. The award may be revoked in whole or in part at any time by the Director of the National Institutes of Health provided that the revocation shall not include any amount previously paid if such payments were made solely for purposes set forth in the Letter of Award/Appointment.
2. (a) For the purpose of determining the rights of the Government and myself in and to inventions conceived or first actually reduced to practice in performance of my work for the Government, I agree to be bound by all provisions of Executive Order 10096, dated 23 January 1950, and any orders, rules, regulations, or the like issued thereunder.  
  
(b) I further agree to make written disclosure promptly to my sponsoring ICD of all inventions which are conceived or first reduced to practice during the term of my work for the Government, and sign and execute all papers necessary for conveying to the Government the right to which the Government is entitled in accordance with the determination made under the provisions of Executive Order 10096.

Visitor's Name	Signature	Date
Sponsor's Name	Signature	Date